

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Wells for Security

ADDRESS (number and street)

PO Box 5583

Check if different
than previously
reported. (ACC)

Cortland

NY

13045

2. FEC IDENTIFICATION NUMBER ▼

C

C00608828

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

NY

22

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

06

D D /

09

Y Y Y Y /

2016

through

M M /

06

D D /

30

Y Y Y Y /

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jacqueline Wilson

Signature of Treasurer

Jacqueline Wilson

[Electronically Filed]

Date

M M /

07

D D /

15

Y Y Y Y /

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 65

Write or Type Committee Name

Wells for Security

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	56832.40	483241.40
(b) Total Contribution Refunds (from Line 20(d))	0.00	1350.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	56832.40	481891.40
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	128056.08	704749.55
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	128056.08	704749.55
8. Cash on Hand at Close of Reporting Period (from Line 27).....	102141.85	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	398508.87	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

Wells for Security

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

34832.40

434617.40

(ii) Unitemized.....

3300.00

14174.00

(iii) TOTAL of contributions from individuals ▶

38132.40

448791.40

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

18700.00

34450.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

56832.40

483241.40

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

97500.00

325000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

97500.00

325000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

154332.40

808241.40

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	128056.08	704749.55
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	1350.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1350.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	128056.08	706099.55

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	75865.53
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	154332.40
25. SUBTOTAL (add Line 23 and Line 24).....	230197.93
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	128056.08
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	102141.85

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 65

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Wells for Security

A. Full Name (Last, First, Middle Initial) Donald B. Barter			Date of Receipt M M / D D / Y Y Y Y 06 / 24 / 2016	
Mailing Address 434 Rosemeade Lane			Transaction ID : A-1157	
City	State	Zip Code		
Naples	FL	34105		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 250.00	
Name of Employer UBS Financial		Occupation Financial Consultant	<input type="checkbox"/> Memo Item	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		
B. Full Name (Last, First, Middle Initial) Sidney Blatt			Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2016	
Mailing Address 40 Woodberry Road			Transaction ID : A-1110	
City	State	Zip Code		
New Hartford	NY	13413		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 250.00	
Name of Employer Retired		Occupation Retired	<input type="checkbox"/> Memo Item	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		
C. Full Name (Last, First, Middle Initial) Felicia Blum			Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2016	
Mailing Address 320 East 57th Street Apartment 4B			Transaction ID : A-1183	
City	State	Zip Code		
New York	NY	10022		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 300.00	
Name of Employer Retired		Occupation Retired	<input type="checkbox"/> Memo Item	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 300.00		
SUBTOTAL of Receipts This Page (optional).....			800.00	
TOTAL This Period (last page this line number only).....				

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Wells for Security

Full Name (Last, First, Middle Initial) A. Bruce W. Boyea		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2016
Mailing Address 15 Campbell Road Court		Transaction ID : A-1197
City Binghamton	State NY	
Zip Code 13905		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Security Mutual	Occupation Chief Executive Officer	Postmarked Prior to Primary
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. William C. Brod		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 24 / 2016
Mailing Address 2425 Ballina Road		Transaction ID : A-1160
City Cazenovia	State NY	
Zip Code 13035		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Syracuse New Times	Occupation Publisher	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1350.00	

Full Name (Last, First, Middle Initial) C. Mitchell Broder		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 09 / 2016
Mailing Address 35 Estella Avenue		Transaction ID : A-984
City Caldwell	State NJ	
Zip Code 07006		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Construction Management Associates, In	Occupation Real Estate Development	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Wells for Security

A. Full Name (Last, First, Middle Initial)
James C. Burns

Mailing Address 5262 Oweria Point Road

City Cazenovia State NY Zip Code 13035

FEC ID number of contributing federal political committee. **C**

Name of Employer J.W. Burns & Co. Occupation Investment Counselor

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt

M M	D D	Y Y Y Y
06	20	2016

Transaction ID : A-1108

Amount of Each Receipt this Period

500.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Eric Burrell

Mailing Address 4774 East Lake Road

City Cazenovia State NY Zip Code 13035

FEC ID number of contributing federal political committee. **C**

Name of Employer Pro-Tel Occupation Chief Executive Officer

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1402.95

Date of Receipt

M M	D D	Y Y Y Y
06	15	2016

Transaction ID : A-1055

Amount of Each Receipt this Period

402.95

☐ Memo Item

IN KIND: Catering

C. Full Name (Last, First, Middle Initial)
Eric Burrell

Mailing Address 4774 East Lake Road

City Cazenovia State NY Zip Code 13035

FEC ID number of contributing federal political committee. **C**

Name of Employer Pro-Tel Occupation Chief Executive Officer

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1652.95

Date of Receipt

M M	D D	Y Y Y Y
06	16	2016

Transaction ID : A-1076

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1152.95

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Wells for Security

Full Name (Last, First, Middle Initial) A. Louis Callea		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 15 / 2016
Mailing Address 319 Aurora Drive		Transaction ID : A-1056
City Norwich	State NY	
Zip Code 13815		Amount of Each Receipt this Period 402.95
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Raymond Corporation	Occupation General Counsel	IN KIND: Catering
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 402.95	

Full Name (Last, First, Middle Initial) B. Todd Caputo		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 21 / 2016
Mailing Address 7966 Indian Hill Road		Transaction ID : A-1104
City Manlius	State NY	
Zip Code 13104		Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Sun Chevrolet	Occupation Auto Dealer	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

Full Name (Last, First, Middle Initial) C. Jeff Citron		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 28 / 2016
Mailing Address 605 3rd Avenue		Transaction ID : A-1223
City New York	State NY	
Zip Code 10158		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item
Name of Employer Davidoff Hutcher and Citron, LLP	Occupation Partner	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	1902.95
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Wells for Security

A. Full Name (Last, First, Middle Initial)
Kevin Corbett

Mailing Address 605 3rd Avenue

City State Zip Code
 New York NY 10158

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 AECOM Vice President

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 500.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 11 / 2016

Transaction ID : A-997

Amount of Each Receipt this Period

500.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Alison Cowen

Mailing Address 26 Dwyer Place

City State Zip Code
 St. Louis MO 63124

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Self-Employed Chef

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 500.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 17 / 2016

Transaction ID : A-1085

Amount of Each Receipt this Period

500.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Davidoff Hutcher & Citron, LLP

Mailing Address 605 3rd Avenue

City State Zip Code
 New York NY 10158

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 250.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 28 / 2016

Transaction ID : A-1184

Amount of Each Receipt this Period

250.00

☐ Memo Item

Verified Partnership/ SEE MEMO ITEM

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Wells for Security

A. Full Name (Last, First, Middle Initial)
I. Stephen Davis

Mailing Address 200 Edwards Drive

City State Zip Code
 Fayetteville NY 13066

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 G&L Davis Meat Company President

Receipt For: 2016
☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date
 3700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2016

Transaction ID : A-1042

Amount of Each Receipt this Period

1000.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Martin Dietrich

Mailing Address 122 Serenity Drive

City State Zip Code
 Norwich NY 13815

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 NBT Bancorp, Inc. Chairman, President, and Chief Executi

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2016

Transaction ID : A-1058

Amount of Each Receipt this Period

1000.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
William B. Eberhardt

Mailing Address PO Box 529

City State Zip Code
 Skaneateles NY 13152

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Hospitality Concepts President

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2016

Transaction ID : A-1044

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2250.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 65

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Wells for SecurityFull Name (Last, First, Middle Initial)
A. Daryl R. Forsythe

Mailing Address 21 Ridgeland Road

City	State	Zip Code
Norwich	NY	13815

FEC ID number of contributing
federal political committee.

C

Name of Employer
Security MutualOccupation
Director

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

Transaction ID : A-1092

Amount of Each Receipt this Period

250.00

☐ Memo ItemFull Name (Last, First, Middle Initial)
B. Ronald A. Furman

Mailing Address 2 Ten Eyke Circle

City	State	Zip Code
Pittsford	NY	14534

FEC ID number of contributing
federal political committee.

C

Name of Employer
Furman EnterprisesOccupation
Chief Executive Officer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Transaction ID : A-1163

Amount of Each Receipt this Period

500.00

☐ Memo ItemFull Name (Last, First, Middle Initial)
C. Marcia S. Gaffney

Mailing Address 234 Clinton Street

City	State	Zip Code
Whitesboro	NY	13492

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

Transaction ID : A-1094

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Wells for Security

A. Full Name (Last, First, Middle Initial)
David B. Goldenson
 Mailing Address 327 Lafayette Street

City State Zip Code
 Utica NY 13502

FEC ID number of contributing
federal political committee.

C

Name of Employer
 East Gate Enterprises, Inc.

Occupation
 Property Management

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 06 21 2016

Transaction ID : A-1111

Amount of Each Receipt this Period

500.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
David T. Griffith
 Mailing Address 134 Paris Road

City State Zip Code
 New Hartford NY 13413

FEC ID number of contributing
federal political committee.

C

Name of Employer
 M. Griffith Investment Services, Inc.

Occupation
 President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1250.00

Date of Receipt

M M / D D / Y Y Y Y
 06 14 2016

Transaction ID : A-1051

Amount of Each Receipt this Period

250.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Paul J. Isaac
 Mailing Address 75 Prospect Avenue

City State Zip Code
 Larchmont NY 10538

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Aribter Partners Capital Management

Occupation
 Analyst

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M / D D / Y Y Y Y
 06 10 2016

Transaction ID : A-990

Amount of Each Receipt this Period

2700.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3450.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Wells for Security

A. Full Name (Last, First, Middle Initial)
Charles P. Joyce

Mailing Address 4165 Grandview Avenue

City State Zip Code
Wellsville NY 14895

FEC ID number of contributing
federal political committee.

C

Name of Employer
Otis Eastern Service, LLCOccupation
Executive

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2016

Transaction ID : A-1136

Amount of Each Receipt this Period

2700.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Charles P. Joyce

Mailing Address 4165 Grandview Avenue

City State Zip Code
Wellsville NY 14895

FEC ID number of contributing
federal political committee.

C

Name of Employer
Otis Eastern Service, LLCOccupation
Executive

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2016

Transaction ID : A-1137

Amount of Each Receipt this Period

2700.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Martha Kendrick

Mailing Address 1333 New Hampshire Avenue NW

City State Zip Code
Washington DC 20036

FEC ID number of contributing
federal political committee.

C

Name of Employer
Akin Gump Strauss Hauer & FeldOccupation
Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2016

Transaction ID : A-1112

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

5650.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Wells for Security

A. Full Name (Last, First, Middle Initial)
Steven Klinghoffer

Mailing Address 33 Wildwood Drive

City State Zip Code
Short Hills NJ 07078

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Valcor Engineering Corp Executive

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Transaction ID : A-1087

Amount of Each Receipt this Period

500.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Hillary Koyner

Mailing Address 176 Godfrey Road East

City State Zip Code
Weston CT 06883

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Berkshire Hathaway Realtor

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		18		2016

Transaction ID : A-1086

Amount of Each Receipt this Period

1500.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Nicholas J. Layou

Mailing Address 8802 Norcross Drive

City State Zip Code
Clay NY 13041

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Onondaga County Sheriff's Department Detective

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Transaction ID : A-1161

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2250.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Wells for Security

A. Full Name (Last, First, Middle Initial)
Eric Levine

Mailing Address 16 Random Farms Circle

City State Zip Code
Chappaqua NY 10514

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Eiseman Levine Attorney

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2016

Transaction ID : A-999

Amount of Each Receipt this Period

500.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Leora Levy

Mailing Address 59 Peckslan Road

City State Zip Code
Greenwich CT 06831

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2016

Transaction ID : A-985

Amount of Each Receipt this Period

1000.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Kenneth J. Lucianin

Mailing Address 26 Columbia Turnpike

City State Zip Code
Florham Park NJ 07932

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Matrix New World Engineering, Inc. Vice President, Government Affairs and

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2016

Transaction ID : A-991

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Wells for Security

A. Full Name (Last, First, Middle Initial)
Orrin B. MacMurray

Mailing Address 8311 Dixon Road

City State Zip Code
 Camden NY 13316

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 C&S Companies Chairman Emeritus

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 650.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 13 / 2016

Transaction ID : A-1048

Amount of Each Receipt this Period

150.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Sheila A. Marshman

Mailing Address 3564 County Road 32

City State Zip Code
 Oxford NY 13830

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Marshman Farms Farmer

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 250.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 16 / 2016

Transaction ID : A-1075

Amount of Each Receipt this Period

250.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Sheila A. Marshman

Mailing Address 3564 County Road 32

City State Zip Code
 Oxford NY 13830

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Marshman Farms Farmer

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 326.50

Date of Receipt

M M / D D / Y Y Y Y
06 / 21 / 2016

Transaction ID : A-1176

Amount of Each Receipt this Period

76.50

☐ Memo Item

IN KIND: Mailing and Postage

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

476.50

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Wells for Security

A. Full Name (Last, First, Middle Initial)
Raymond A. Meier

Mailing Address 8600 Elmer Hill Road

City Rome	State NY	Zip Code 13440
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Bond Shoeneck & King	Occupation Attorney
--	------------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 250.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 13 / 2016

Transaction ID : A-1045

Amount of Each Receipt this Period

250.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Matthew Miller

Mailing Address 29 Blair Drive

City Huntington	State NY	Zip Code 11743
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SSM Realty MGMT	Occupation Real Estate
-------------------------------------	---------------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 500.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 10 / 2016

Transaction ID : A-1040

Amount of Each Receipt this Period

500.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
George A. Mitchell

Mailing Address 125 Arlington Road

City Utica	State NY	Zip Code 13501
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Fountainhead Group	Occupation Vice President
--	------------------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 250.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 21 / 2016

Transaction ID : A-1128

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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 NAME OF COMMITTEE (In Full)
Wells for Security

A. Full Name (Last, First, Middle Initial)
Heather Mowat

Mailing Address **4 Bonnie Lane**

City **New Hartford** State **NY** Zip Code **13413**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Bonadio Group** Occupation **Certified Public Accountant**

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2016

Transaction ID : A-1125

Amount of Each Receipt this Period

250.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Joel D. Plumley

Mailing Address **3589 Patchett Road**

City **Baldwinsville** State **NY** Zip Code **13027**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self-Employed** Occupation **Engineer**

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date **650.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Transaction ID : A-1158

Amount of Each Receipt this Period

150.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Judy Plumley

Mailing Address **7844 Cahill Road**

City **Manlius** State **NY** Zip Code **13104**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date **1250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2016

Transaction ID : A-1151

Amount of Each Receipt this Period

500.00

☐ Memo Item
SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

900.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 19 OF 65

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Wells for Security

A. Full Name (Last, First, Middle Initial)
Juan D. Reyes III

Mailing Address 6938 Harrow Street

City State Zip Code
Forest Hills NY 11375

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seyforth ShawOccupation
Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		10		2016

Transaction ID : A-1039

Amount of Each Receipt this Period

500.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Denise M. Richardson

Mailing Address 35-46 79th Street
Apartment 31

City State Zip Code
Jackson Heights NY 11372

FEC ID number of contributing
federal political committee.

C

Name of Employer
General Contractor AssociationOccupation
Executive Director

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		23		2016

Transaction ID : A-1150

Amount of Each Receipt this Period

500.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
River Hills Properties

Mailing Address 8096 Route 12 North

City State Zip Code
Barneveld NY 13304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		17		2016

Transaction ID : A-1091

Amount of Each Receipt this Period

250.00

☐ Memo Item

SEE REFUND 7/15/2016

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1250.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Wells for Security

A. Full Name (Last, First, Middle Initial)
Daniel Runde

Mailing Address 6910 Bonheim Court

City State Zip Code
McLean VA 22101

FEC ID number of contributing
federal political committee.

C

Name of Employer
CSISOccupation
Scholar

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2016

Transaction ID : A-1052

Amount of Each Receipt this Period

250.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
John Sardella

Mailing Address 4210 Halfmoon Circle

City State Zip Code
Liverpool NY 13090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Liverpool Central School DistrictOccupation
Principal

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2016

Transaction ID : A-1154

Amount of Each Receipt this Period

100.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Achaibar Sawh

Mailing Address 605 3rd Avenue

City State Zip Code
New York NY 10158

FEC ID number of contributing
federal political committee.

C

Name of Employer
AECOMOccupation
Vice President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2016

Transaction ID : A-998

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

850.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 21 OF 65

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Wells for Security

A. Full Name (Last, First, Middle Initial)
Richard J. Steinmann

Mailing Address 4919 Kassonta Drive

City	State	Zip Code
Jamesville	NY	13078

FEC ID number of contributing federal political committee.

C

Name of Employer
 Crouse Hospital

Occupation
 Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1250.00

Date of Receipt

M M / D D / Y Y Y Y
 06 / 15 / 2016

Transaction ID : A-1061

Amount of Each Receipt this Period

250.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Chacea L. Sundman

Mailing Address PO Box 545

City	State	Zip Code
Skaneateles	NY	13152

FEC ID number of contributing federal political committee.

C

Name of Employer
 Mystic Stamp Company

Occupation
 Human Resources Director

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M / D D / Y Y Y Y
 06 / 28 / 2016

Transaction ID : A-1187

Amount of Each Receipt this Period

2700.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Chacea L. Sundman

Mailing Address PO Box 545

City	State	Zip Code
Skaneateles	NY	13152

FEC ID number of contributing federal political committee.

C

Name of Employer
 Mystic Stamp Company

Occupation
 Human Resources Director

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M / D D / Y Y Y Y
 06 / 28 / 2016

Transaction ID : A-1188

Amount of Each Receipt this Period

2700.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5650.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Wells for Security

A. Full Name (Last, First, Middle Initial)
Cynthia Tascarella

Mailing Address 63 Burden Drive

City State Zip Code
 Oswego NY 13126

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Oswego Hospital Accountant

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 500.00

Date of Receipt

M M / D D / Y Y Y Y
 06 24 2016

Transaction ID : A-1162

Amount of Each Receipt this Period

500.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
H. Russell Taub

Mailing Address 269 Beckwith Street

City State Zip Code
 Cranston RI 02910

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Retired Retired

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 250.00

Date of Receipt

M M / D D / Y Y Y Y
 06 26 2016

Transaction ID : A-1155

Amount of Each Receipt this Period

250.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Dwight E. Vicks III

Mailing Address 3770 Fountain Street

City State Zip Code
 Clinton NY 13323

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Vicks Content Management Sales Director

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 250.00

Date of Receipt

M M / D D / Y Y Y Y
 06 23 2016

Transaction ID : A-1148

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Wells for Security

Full Name (Last, First, Middle Initial)

Nicole Weingartner

Mailing Address 20-64 46th Street

City

Astoria

State

NY

Zip Code

11105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Davidoff Hutter & Citron LLP

Occupation

State Government Relations Coordinator

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		22		2016

Transaction ID : A-1144

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

250.00

34832.40

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 24 OF 65

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Wells for Security

Full Name (Last, First, Middle Initial)

AECOM PAC

Mailing Address 2450 Crystal Drive
 Suite 500

City	State	Zip Code
Arlington	VA	22202

FEC ID number of contributing
federal political committee.

C C00374447

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Transaction ID : A-1103

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Build Political Action Committee of the National Association of Home Builders (BUILD PAC)

Mailing Address 1201 15th Street Northwest

City	State	Zip Code
Washington	DC	20005

FEC ID number of contributing
federal political committee.

C C00000901

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Transaction ID : A-1102

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Dedicated to Establishing National Teamwork PAC (DENT PAC)

Mailing Address 610 South Boulevard

City	State	Zip Code
Tampa	FL	33606

FEC ID number of contributing
federal political committee.

C C00427930

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Transaction ID : A-1185

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

7000.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 OF 65

☐ 11a ☐ 11b ☒ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Wells for Security

A. Full Name (Last, First, Middle Initial)
International Bottled Water Association PAC

Mailing Address 1700 Diagonal Road
Suite 550

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00457226

Name of Employer Occupation

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M / D D / Y Y Y Y
06 30 2016

Transaction ID : A-1193

Amount of Each Receipt this Period

500.00

☐ Memo Item
Postmarked Prior to Primary

B. Full Name (Last, First, Middle Initial)
National Association of Surety Bond Producers Political Action Committee

Mailing Address 1140 19th Street NW
Suite 800

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00300525

Name of Employer Occupation

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M M / D D / Y Y Y Y
06 23 2016

Transaction ID : A-1143

Amount of Each Receipt this Period

1000.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
National Electrical Contractors Association PAC

Mailing Address 3 Bethesda Metro Center
Suite 1100

City Bethesda State MD Zip Code 20814

FEC ID number of contributing federal political committee. **C** C00113811

Name of Employer Occupation

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt

M M / D D / Y Y Y Y
06 15 2016

Transaction ID : A-1057

Amount of Each Receipt this Period

5000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 26 OF 65

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Wells for Security

Full Name (Last, First, Middle Initial)

Salt City PAC

Mailing Address 228 South Washington Street
 Suite 115

City	State	Zip Code
Alexandria	VA	22314

FEC ID number of contributing
federal political committee.

C C00608463

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2016

Transaction ID : A-1180

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

STV Group, Inc. PAC

Mailing Address 205 West Welsh Drive

City	State	Zip Code
Douglassville	PA	19518

FEC ID number of contributing
federal political committee.

C C00214866

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2016

Transaction ID : A-1046

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Support to Ensure Victory Everywhere PAC (STEVE PAC)

Mailing Address 228 South Washington Street
 Suite 115

City	State	Zip Code
Alexandria	VA	22314

FEC ID number of contributing
federal political committee.

C C00501478

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2016

Transaction ID : A-1181

Amount of Each Receipt this Period

2000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5200.00

18700.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 65

<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
Wells for Security

Full Name (Last, First, Middle Initial)

Steven Wells

Mailing Address 4478 New York 92

City

Cazenovia

State

NY

Zip Code

13035

FEC ID number of contributing
federal political committee.**C** H6NY22114

Name of Employer

US Congress

Occupation

Candidate

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	13	/	2016

Transaction ID : A-1006

Amount of Each Receipt this Period

22500.00

☐ Memo Item
☐ Personal Loan

Full Name (Last, First, Middle Initial)

Steven Wells

Mailing Address 4478 New York 92

City

Cazenovia

State

NY

Zip Code

13035

FEC ID number of contributing
federal political committee.**C** H6NY22114

Name of Employer

US Congress

Occupation

Candidate

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

260000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	17	/	2016

Transaction ID : A-1063

Amount of Each Receipt this Period

10000.00

☐ Memo Item
☐ Personal Loan

Full Name (Last, First, Middle Initial)

Steven Wells

Mailing Address 4478 New York 92

City

Cazenovia

State

NY

Zip Code

13035

FEC ID number of contributing
federal political committee.**C** H6NY22114

Name of Employer

US Congress

Occupation

Candidate

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

285000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	20	/	2016

Transaction ID : A-1089

Amount of Each Receipt this Period

25000.00

☐ Memo Item
☐ Personal Loan
SUBTOTAL of Receipts This Page (optional).....

57500.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 65

<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	--	-------------------------------------	------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
Wells for Security

Full Name (Last, First, Middle Initial)

Steven Wells

Mailing Address 4478 New York 92

City

Cazenovia

State

NY

Zip Code

13035

FEC ID number of contributing
federal political committee.**C** H6NY22114

Name of Employer

US Congress

Occupation

Candidate

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

325000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	22	/	2016

Transaction ID : A-1123

Amount of Each Receipt this Period

40000.00

☐ Memo Item
☐ Personal Loan

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
	/		/	

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
	/		/	

Amount of Each Receipt this Period

☐ Memo Item
SUBTOTAL of Receipts This Page (optional).....

40000.00

TOTAL This Period (last page this line number only).....

97500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 65

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

A. AnedotMailing Address 555 Hilton Avenue
Suite 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
E-Merchant Fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2016

Amount of Each Disbursement this Period

114.00

☐ Memo Item

Transaction ID : B-983

B. AnedotMailing Address 555 Hilton Avenue
Suite 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
E-Merchant Fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2016

Amount of Each Disbursement this Period

56.85

☐ Memo Item

Transaction ID : B-1000

C. AnedotMailing Address 555 Hilton Avenue
Suite 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
E-Merchant Fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2016

Amount of Each Disbursement this Period

73.20

☐ Memo Item

Transaction ID : B-1050

SUBTOTAL of Disbursements This Page (optional).....

244.05

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 65

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

A. AnedotMailing Address 555 Hilton Avenue
Suite 106

City Baton Rouge State LA Zip Code 70808

Purpose of Disbursement
E-Merchant Fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2016

Amount of Each Disbursement this Period

23.10

☐ Memo Item

Transaction ID : B-1059

B. AnedotMailing Address 555 Hilton Avenue
Suite 106

City Baton Rouge State LA Zip Code 70808

Purpose of Disbursement
E-Merchant Fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		20		2016

Amount of Each Disbursement this Period

16.35

☐ Memo Item

Transaction ID : B-1088

C. AnedotMailing Address 555 Hilton Avenue
Suite 106

City Baton Rouge State LA Zip Code 70808

Purpose of Disbursement
E-Merchant Fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2016

Amount of Each Disbursement this Period

90.60

☐ Memo Item

Transaction ID : B-1124

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

130.05

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 65

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

A. AnedotMailing Address 555 Hilton Avenue
Suite 106

City Baton Rouge State LA Zip Code 70808

Purpose of Disbursement
E-Merchant Fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2016

Amount of Each Disbursement this Period

136.50

☐ Memo Item

Transaction ID : B-1134

B. AnedotMailing Address 555 Hilton Avenue
Suite 106

City Baton Rouge State LA Zip Code 70808

Purpose of Disbursement
E-Merchant Fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2016

Amount of Each Disbursement this Period

21.15

☐ Memo Item

Transaction ID : B-1153

C. AnedotMailing Address 555 Hilton Avenue
Suite 106

City Baton Rouge State LA Zip Code 70808

Purpose of Disbursement
E-Merchant Fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2016

Amount of Each Disbursement this Period

11.55

☐ Memo Item

Transaction ID : B-1177

SUBTOTAL of Disbursements This Page (optional).....

169.20

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 65

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

A. AnedotMailing Address 555 Hilton Avenue
Suite 106

City Baton Rouge State LA Zip Code 70808

Purpose of Disbursement
E-Merchant Fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2016

Amount of Each Disbursement this Period

4.80

☐ Memo Item

Transaction ID : B-1179

B. AppRiverMailing Address 1101 Gulf Breeze Parkway
Suite 200

City Gulf Breeze State FL Zip Code 32561

Purpose of Disbursement
Software Service

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		24		2016

Amount of Each Disbursement this Period

129.35

☐ Memo Item

Transaction ID : B-1168

c. Arograph

Mailing Address 847 North Avenue

City Syracuse State NY Zip Code 13206

Purpose of Disbursement
Printing

006

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2016

Amount of Each Disbursement this Period

275.40

☐ Memo Item

Transaction ID : B-1011

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

409.55

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 65

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

A. Arograph

Mailing Address 847 North Avenue

City	State	Zip Code
Syracuse	NY	13206

Purpose of Disbursement
Printing

006

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2016

Amount of Each Disbursement this Period

2673.00

☐ Memo Item

Transaction ID : B-1119

B. Balloons Over Syracuse

Mailing Address 5481 North Manlius Street

City	State	Zip Code
Fayetteville	NY	13066

Purpose of Disbursement
Gifts & Mementos

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2016

Amount of Each Disbursement this Period

378.00

☐ Memo Item

Transaction ID : B-1203

c. Taylor A. Blume

Mailing Address 107 Osborne Drive

City	State	Zip Code
East Syracuse	NY	13057

Purpose of Disbursement
Payroll

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2016

Amount of Each Disbursement this Period

1200.97

☒ Memo Item

Transaction ID : B-1068

SUBTOTAL of Disbursements This Page (optional).....

3051.00

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 65

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

A. Taylor A. Blume

Mailing Address 107 Osborne Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2016

City	State	Zip Code
East Syracuse	NY	13057

Purpose of Disbursement
Payroll

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

1736.89

☒ Memo Item

Transaction ID : B-1204

Full Name (Last, First, Middle Initial)

B. Eric Burrell

Mailing Address 4774 East Lake Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2016

City	State	Zip Code
Cazenovia	NY	13035

Purpose of Disbursement
IN KIND: CateringCategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

402.95

☐ Memo Item

Transaction ID : B-1055

Full Name (Last, First, Middle Initial)

c. Callahan Digital Printing

Mailing Address 229 Lower Stella Ireland Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2016

City	State	Zip Code
Binghamton	NY	13905

Purpose of Disbursement
Direct Mailing

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

375.84

☐ Memo Item

Transaction ID : B-1021

SUBTOTAL of Disbursements This Page (optional).....

778.79

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 65

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

A. Callahan Digital Printing

Mailing Address 229 Lower Stella Ireland Road

City	State	Zip Code
Binghamton	NY	13905

Purpose of Disbursement
Direct Mailing

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2016

Amount of Each Disbursement this Period

1719.36

☐ Memo Item

Transaction ID : B-1010

B. Callahan Digital Printing

Mailing Address 229 Lower Stella Ireland Road

City	State	Zip Code
Binghamton	NY	13905

Purpose of Disbursement
Printing

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2016

Amount of Each Disbursement this Period

885.60

☐ Memo Item

Transaction ID : B-1121

c. Louis Callea

Mailing Address 319 Aurora Drive

City	State	Zip Code
Norwich	NY	13815

Purpose of Disbursement
IN KIND: Catering

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2016

Amount of Each Disbursement this Period

402.95

☐ Memo Item

Transaction ID : B-1056

SUBTOTAL of Disbursements This Page (optional).....

3007.91

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 65

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

A. Campaign Financial Services

Mailing Address PO Box 30844

City	State	Zip Code
Bethesda	MD	20824

Purpose of Disbursement
SEE MEMO ITEMS

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		20		2016

Amount of Each Disbursement this Period

1719.23

☐ Memo Item

Transaction ID : B-1098

B. Campaign Financial Services

Mailing Address PO Box 30844

City	State	Zip Code
Bethesda	MD	20824

Purpose of Disbursement
Compliance Consulting

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		20		2016

Amount of Each Disbursement this Period

1500.00

☒ Memo Item

Transaction ID : B-1099

C. Campaign Financial Services

Mailing Address PO Box 30844

City	State	Zip Code
Bethesda	MD	20824

Purpose of Disbursement
General Office Supplies

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		20		2016

Amount of Each Disbursement this Period

125.00

☒ Memo Item

Transaction ID : B-1100

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1719.23

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 65

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

A. Angela Capria Mindemann

Mailing Address 2444 Charleston Avenue

City	State	Zip Code
Vestal	NY	13850

Purpose of Disbursement
Graphic Design Services

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2016

Amount of Each Disbursement this Period

675.00

☐ Memo Item

Transaction ID : B-1114

Full Name (Last, First, Middle Initial)

B. Epiphany Productions

Mailing Address 104 Hume Avenue

City	State	Zip Code
Alexandria	VA	22301

Purpose of Disbursement
NO MEMOS REACH ITEMIZATION

003

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2016

Amount of Each Disbursement this Period

349.47

☐ Memo Item

Transaction ID : B-1015

Full Name (Last, First, Middle Initial)

C. Daniel Fitzpatrick

Mailing Address 208 West Water Street

City	State	Zip Code
Syracuse	NY	13202

Purpose of Disbursement
Payroll

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		17		2016

Amount of Each Disbursement this Period

1971.13

☐ Memo Item

Transaction ID : B-1066

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2995.60

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 38 OF 65

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

A. Hummel Printing

Mailing Address 850 Springfield Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		22		2016

City	State	Zip Code
Union	NJ	07083

Amount of Each Disbursement this Period

5154.41

Purpose of Disbursement
Postage

001

Candidate Name

Category/
Type☐ Memo Item

Transaction ID : B-1139

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. Immediate Imaging Tech

Mailing Address 245 Commerce Boulevard

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2016

City	State	Zip Code
Liverpool	NY	13088

Amount of Each Disbursement this Period

799.09

Purpose of Disbursement
Direct Mailing

001

Candidate Name

Category/
Type☐ Memo Item

Transaction ID : B-1167

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. J.T. Properties LLC

Mailing Address 6609 South Salina Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		20		2016

City	State	Zip Code
Nedrow	NY	13120

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
Rent

001

Candidate Name

Category/
Type☐ Memo Item

Transaction ID : B-1097

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7953.50

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 39 OF 65

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

A. Jamestown Associates

Mailing Address 116 Craig Road

City	State	Zip Code
Manalapan Township	NJ	07726

Purpose of Disbursement
Advertising

004

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2016

Amount of Each Disbursement this Period

22096.00

☐ Memo Item

Transaction ID : B-1005

Full Name (Last, First, Middle Initial)

B. Jamestown Associates

Mailing Address 116 Craig Road

City	State	Zip Code
Manalapan Township	NJ	07726

Purpose of Disbursement
Advertising

004

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		17		2016

Amount of Each Disbursement this Period

8820.00

☐ Memo Item

Transaction ID : B-1065

Full Name (Last, First, Middle Initial)

C. Jamestown Associates

Mailing Address 116 Craig Road

City	State	Zip Code
Manalapan Township	NJ	07726

Purpose of Disbursement
Advertising

004

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		20		2016

Amount of Each Disbursement this Period

7430.00

☐ Memo Item

Transaction ID : B-1172

SUBTOTAL of Disbursements This Page (optional).....

38346.00

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 OF 65

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

A. Jamestown Associates

Mailing Address 116 Craig Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		22		2016

City	State	Zip Code
Manalapan Township	NJ	07726

Amount of Each Disbursement this Period

40279.00

Purpose of Disbursement
Advertising

004

☐ Memo Item

Candidate Name

Category/
Type

Transaction ID : B-1140

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Rebecca Lumsden

Mailing Address 309 East Hill Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2016

City	State	Zip Code
Binghamton	NY	13901

Amount of Each Disbursement this Period

136.05

Purpose of Disbursement
NO MEMO REACHES ITEMIZATION

001

☐ Memo Item

Candidate Name

Category/
Type

Transaction ID : B-1012

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. Rebecca Lumsden

Mailing Address 309 East Hill Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2016

City	State	Zip Code
Binghamton	NY	13901

Amount of Each Disbursement this Period

85.01

Purpose of Disbursement
NO MEMO REACHES ITEMIZATION

001

☐ Memo Item

Candidate Name

Category/
Type

Transaction ID : B-1008

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

40500.06

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 41 OF 65

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

A. Rebecca Lumsden

Mailing Address 309 East Hill Road

City	State	Zip Code
Binghamton	NY	13901

Purpose of Disbursement
Payroll

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2016

Amount of Each Disbursement this Period

1432.39

☒ Memo Item

Transaction ID : B-1069

Full Name (Last, First, Middle Initial)

B. Rebecca Lumsden

Mailing Address 309 East Hill Road

City	State	Zip Code
Binghamton	NY	13901

Purpose of Disbursement
Payroll

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2016

Amount of Each Disbursement this Period

1432.39

☒ Memo Item

Transaction ID : B-1205

Full Name (Last, First, Middle Initial)

C. Sheila A. Marshman

Mailing Address 3564 County Road 32

City	State	Zip Code
Oxford	NY	13830

Purpose of Disbursement
IN KIND: Mailing and PostageCategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2016

Amount of Each Disbursement this Period

76.50

☐ Memo Item

Transaction ID : B-1176

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

76.50

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 42 OF 65

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

A. Michael B. Oliver

Mailing Address 1080 Whisper Ridge Drive

City	State	Zip Code
Chittenango	NY	13037

Purpose of Disbursement
Payroll

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2016

Amount of Each Disbursement this Period

1076.89

☒ Memo Item

Transaction ID : B-1070

Full Name (Last, First, Middle Initial)

B. Michael B. Oliver

Mailing Address 1080 Whisper Ridge Drive

City	State	Zip Code
Chittenango	NY	13037

Purpose of Disbursement
Payroll

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2016

Amount of Each Disbursement this Period

1218.69

☒ Memo Item

Transaction ID : B-1206

Full Name (Last, First, Middle Initial)

c. Nicholas R. Paro

Mailing Address 7799 Bainbridge Drive

City	State	Zip Code
Liverpool	NY	13090

Purpose of Disbursement
Payroll

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2016

Amount of Each Disbursement this Period

1291.11

☒ Memo Item

Transaction ID : B-1071

SUBTOTAL of Disbursements This Page (optional).....

0.00

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 43 OF 65

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

A. Nicholas R. Paro

Mailing Address 7799 Bainbridge Drive

City	State	Zip Code
Liverpool	NY	13090

Purpose of Disbursement
Payroll

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2016

Amount of Each Disbursement this Period

2107.17

☒ Memo Item

Transaction ID : B-1207

Full Name (Last, First, Middle Initial)

B. Paychex

Mailing Address 911 Panorama Trail South

City	State	Zip Code
Rochester	NY	14625

Purpose of Disbursement
SEE MEMO ITEMS

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2016

Amount of Each Disbursement this Period

7449.28

☐ Memo Item

Transaction ID : B-1067

Full Name (Last, First, Middle Initial)

c. Paychex

Mailing Address 911 Panorama Trail South

City	State	Zip Code
Rochester	NY	14625

Purpose of Disbursement
Payroll Taxes

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		17		2016

Amount of Each Disbursement this Period

4645.93

☐ Memo Item

Transaction ID : B-1173

SUBTOTAL of Disbursements This Page (optional).....

12095.21

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 44 OF 65

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

A. Paychex

Mailing Address 911 Panorama Trail South

City	State	Zip Code
Rochester	NY	14625

Purpose of Disbursement
Payroll Fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		17		2016

Amount of Each Disbursement this Period

116.74

☐ Memo Item

Transaction ID : B-1174

Full Name (Last, First, Middle Initial)

B. Paychex

Mailing Address 911 Panorama Trail South

City	State	Zip Code
Rochester	NY	14625

Purpose of Disbursement
SEE MEMO ITEMS

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2016

Amount of Each Disbursement this Period

9829.05

☐ Memo Item

Transaction ID : B-1199

Full Name (Last, First, Middle Initial)

C. Push Digital, LLC

Mailing Address PO Box 21892

City	State	Zip Code
Charleston	SC	29413

Purpose of Disbursement
SEE MEMO ITEMS

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2016

Amount of Each Disbursement this Period

2912.12

☐ Memo Item

Transaction ID : B-1115

SUBTOTAL of Disbursements This Page (optional).....

12857.91

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 45 OF 65

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

A. Push Digital, LLC

Mailing Address PO Box 21892

City	State	Zip Code
Charleston	SC	29413

Purpose of Disbursement
Strategic Campaign Consulting

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2016

Amount of Each Disbursement this Period

2500.00

☒ Memo Item

Transaction ID : B-1116

B. Push Digital, LLC

Mailing Address PO Box 21892

City	State	Zip Code
Charleston	SC	29413

Purpose of Disbursement
Website Maintenance

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2016

Amount of Each Disbursement this Period

20.00

☒ Memo Item

Transaction ID : B-1117

c. Push Digital, LLC

Mailing Address PO Box 21892

City	State	Zip Code
Charleston	SC	29413

Purpose of Disbursement
Email Blast

004

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2016

Amount of Each Disbursement this Period

392.12

☒ Memo Item

Transaction ID : B-1118

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 46 OF 65

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

A. Quip, Inc.Mailing Address 988 Market Street
7th FloorCity State Zip Code
San Francisco CA 94102Purpose of Disbursement
Software Service

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2016

Amount of Each Disbursement this Period

96.00

☐ Memo Item

Transaction ID : B-1175

B. Ralston Supply Center, Inc.

Mailing Address 131 Dominick Bruno Boulevard

City State Zip Code
Canastota NY 13032Purpose of Disbursement
Event Equipment

007

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2016

Amount of Each Disbursement this Period

361.80

☐ Memo Item

Transaction ID : B-1142

C. Christian J. Stellakis

Mailing Address 397 Fox Road

City State Zip Code
Bridgeport NY 13030Purpose of Disbursement
Payroll

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2016

Amount of Each Disbursement this Period

1218.69

☒ Memo Item

Transaction ID : B-1072

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

457.80

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 47 OF 65

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

A. Christian J. Stellakis

Mailing Address 397 Fox Road

City	State	Zip Code
Bridgeport	NY	13030

Purpose of Disbursement
Payroll

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2016

Amount of Each Disbursement this Period

2104.69

☒ Memo Item

Transaction ID : B-1208

Full Name (Last, First, Middle Initial)

B. Time Warner Cable

Mailing Address PO Box 70872

City	State	Zip Code
Charlotte	NC	28272

Purpose of Disbursement
Internet Service

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2016

Amount of Each Disbursement this Period

144.99

☐ Memo Item

Transaction ID : B-1120

Full Name (Last, First, Middle Initial)

c. United Imaging & Printing

Mailing Address 6493 Ridings Road

City	State	Zip Code
Syracuse	NY	13206

Purpose of Disbursement
Printing

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		22		2016

Amount of Each Disbursement this Period

1161.67

☐ Memo Item

Transaction ID : B-1138

SUBTOTAL of Disbursements This Page (optional).....

1306.66

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 48 OF 65

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

A. United States Postal Service

Mailing Address 88 Main Street

City	State	Zip Code
Cortland	NY	13045

Purpose of Disbursement
Postage

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2016

Amount of Each Disbursement this Period

141.00

☐ Memo Item

Transaction ID : B-1170

B. Jillian G. Vogl

Mailing Address 2305 Wellington Drive

City	State	Zip Code
Cazenovia	NY	13035

Purpose of Disbursement
NO MEMO REACHES ITEMIZATION

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2016

Amount of Each Disbursement this Period

92.14

☐ Memo Item

Transaction ID : B-1022

c. Jillian G. Vogl

Mailing Address 2305 Wellington Drive

City	State	Zip Code
Cazenovia	NY	13035

Purpose of Disbursement
Payroll

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2016

Amount of Each Disbursement this Period

1229.23

☒ Memo Item

Transaction ID : B-1073

SUBTOTAL of Disbursements This Page (optional).....

233.14

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 49 OF 65

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

A. Jillian G. Vogl

Mailing Address 2305 Wellington Drive

City	State	Zip Code
Cazenovia	NY	13035

Purpose of Disbursement
Payroll

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2016

Amount of Each Disbursement this Period

1229.22

☒ Memo Item

Transaction ID : B-1209

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank

Mailing Address 7901 Wisconsin Avenue

City	State	Zip Code
Bethesda	MD	20814

Purpose of Disbursement
Banking Service Fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2016

Amount of Each Disbursement this Period

142.37

☐ Memo Item

Transaction ID : B-1178

Full Name (Last, First, Middle Initial)

C. Wladis Law Firm, P.C.

Mailing Address PO Box 245

City	State	Zip Code
Syracuse	NY	13214

Purpose of Disbursement
Legal Consulting

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2016

Amount of Each Disbursement this Period

406.25

☐ Memo Item

Transaction ID : B-1141

SUBTOTAL of Disbursements This Page (optional).....

548.62

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 50 OF 65

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Wells for Security

Full Name (Last, First, Middle Initial)

A. Yahnundasis Golf Club

Mailing Address 8639 Seneca Turnpike

City	State	Zip Code
New Hartford	NY	13413

Purpose of Disbursement
Catering & Facility Rental

003

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		22		2016

Amount of Each Disbursement this Period

783.00

☐ Memo Item

Transaction ID : B-1169

B.

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item**C.**

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

783.00

127663.78

SCHEDULE C (FEC Form 3)
LOANS

PAGE 51 OF 65

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C-1

Wells for Security

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Steven Wells

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4478 New York 92

City	State	ZIP Code
Cazenovia	NY	13035

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

100000.00

0.00

100000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y
02 03 / 2016M M / D D / Y Y
On DemandM M / D D / Y Y
On DemandY Y Y Y
0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

100000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 52 OF 65

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C-733

Wells for Security

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Steven Wells

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

4478 New York 92

City

State

ZIP Code

Cazenovia

NY

13035

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

M M / D D / Y Y
05 / 16 / 2016

Date Due

M M / D D / Y Y
On Demand

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

25000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 53 OF 65

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C-875

Wells for Security

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Steven Wells

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4478 New York 92City State ZIP Code
Cazenovia NY 13035

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

TERMS

Date Incurred

M M / D D / Y Y
05 / 24 / 2016

Date Due

M M / D D / Y Y
On Demand

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ►

25000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 54 OF 65

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C-828

Wells for Security

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Steven Wells

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4478 New York 92

City	State	ZIP Code
Cazenovia	NY	13035

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="50000.00"/>	<input type="text" value="0.00"/>	<input type="text" value="50000.00"/>

TERMS

Date Incurred

 / /

Date Due

Interest Rate

 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>

SUBTOTALS This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 55 OF 65

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C-915

Wells for Security

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Steven Wells

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4478 New York 92

City	State	ZIP Code
Cazenovia	NY	13035

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="25000.00"/>	<input type="text" value="0.00"/>	<input type="text" value="25000.00"/>

TERMS

Date Incurred

M M / D D / Y Y Y Y
06 / 03 / 2016

Date Due

M M / D D / Y Y Y Y
On Demand

Interest Rate

 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C-967

Wells for Security

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Steven Wells

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4478 New York 92

City	State	ZIP Code
Cazenovia	NY	13035

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="2500.00"/>	<input type="text" value="0.00"/>	<input type="text" value="2500.00"/>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text" value="06"/> / <input type="text" value="08"/> / <input type="text" value="2016"/>	<input type="text" value="On Demand"/>	<input type="text" value="0.00"/> % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>

SUBTOTALS This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C-1006

Wells for Security

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Steven Wells

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4478 New York 92

City	State	ZIP Code
Cazenovia	NY	13035

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="22500.00"/>	<input type="text" value="0.00"/>	<input type="text" value="22500.00"/>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2016"/>	<input type="text" value="On Demand"/>	<input type="text" value="0.00"/> % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>

SUBTOTALS This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C-1063

Wells for Security

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Steven Wells

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4478 New York 92City State ZIP Code
Cazenovia NY 13035

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 06 / D 17 / Y 2016 Y	M M / D D / Y On Demand Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ►

10000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 59 OF 65

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C-1089

Wells for Security

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Steven Wells

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4478 New York 92City State ZIP Code
Cazenovia NY 13035

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

TERMS

Date Incurred

M M / D D / Y Y
06 / 20 / 2016

Date Due

M M / D D / Y Y
On Demand

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ►

25000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 60 OF 65

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C-1123

Wells for Security

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Steven Wells

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4478 New York 92

City	State	ZIP Code
Cazenovia	NY	13035

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="40000.00"/>	<input type="text" value="0.00"/>	<input type="text" value="40000.00"/>

TERMS

Date Incurred

 / /

Date Due

Interest Rate

 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>

SUBTOTALS This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 61 OF 65

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Wells for Security

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Arnold J. Hodes & Company

Nature of Debt (Purpose):

Financial Disclosure Preparation

Mailing Address 2030 Erie Boulevard East

City State

Zip Code

Syracuse

NY

13224

Outstanding Balance Beginning This Period

9620.00

Transaction ID : D-1211

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9620.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Jamestown Associates

Nature of Debt (Purpose):

Advertising Production

Mailing Address 116 Craig Road

City State

Zip Code

Manalapan Township

NJ

07726

Outstanding Balance Beginning This Period

2125.00

Transaction ID : D-1212

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2125.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Jamestown Associates

Nature of Debt (Purpose):

Advertising Production

Mailing Address 116 Craig Road

City State

Zip Code

Manalapan Township

NJ

07726

Outstanding Balance Beginning This Period

8032.75

Transaction ID : D-1213

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8032.75

1) **SUBTOTALS** This Period This Page (optional) ▶

19777.75

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 62 OF 65

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Wells for Security

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Jamestown Associates

Nature of Debt (Purpose):

Direct Mailing

Mailing Address 116 Craig Road

City State

Zip Code

Manalapan Township

NJ

07726

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-1214

Amount Incurred This Period

7840.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7840.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Jamestown Associates

Nature of Debt (Purpose):

Direct Mailing

Mailing Address 116 Craig Road

City State

Zip Code

Manalapan Township

NJ

07726

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-1216

Amount Incurred This Period

3812.80

Payment This Period

0.00

Outstanding Balance at Close of This Period

3812.80

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Jamestown Associates

Nature of Debt (Purpose):

Advertising Production

Mailing Address 116 Craig Road

City State

Zip Code

Manalapan Township

NJ

07726

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-1217

Amount Incurred This Period

5225.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5225.00

1) **SUBTOTALS** This Period This Page (optional) ▶

16877.80

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 63 OF 65

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Wells for Security

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Jamestown Associates

Nature of Debt (Purpose):

Advertising Production

Mailing Address 116 Craig Road

City State

Zip Code

Manalapan Township

NJ

07726

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-1218

Amount Incurred This Period

1707.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1707.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Jamestown Associates

Nature of Debt (Purpose):

Advertising Production

Mailing Address 116 Craig Road

City State

Zip Code

Manalapan Township

NJ

07726

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-1225

Amount Incurred This Period

8324.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8324.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Jamestown Associates

Nature of Debt (Purpose):

Printing

Mailing Address 116 Craig Road

City State

Zip Code

Manalapan Township

NJ

07726

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-1219

Amount Incurred This Period

4960.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4960.00

1) **SUBTOTALS** This Period This Page (optional) ▶

14991.00

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 64 OF 65

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Wells for Security

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Jamestown AssociatesNature of Debt (Purpose):
Printing

Mailing Address 116 Craig Road

City State

Zip Code

Manalapan Township

NJ

07726

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-1220

Amount Incurred This Period

4690.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4690.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Jamestown AssociatesNature of Debt (Purpose):
Advertising Production

Mailing Address 116 Craig Road

City State

Zip Code

Manalapan Township

NJ

07726

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-1221

Amount Incurred This Period

8669.75

Payment This Period

0.00

Outstanding Balance at Close of This Period

8669.75

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Jones DayNature of Debt (Purpose):
Legal Consulting

Mailing Address 51 Louisiana Avenue NW

City

State

Zip Code

Washington

DC

20001

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-1222

Amount Incurred This Period

2302.57

Payment This Period

0.00

Outstanding Balance at Close of This Period

2302.57

1) **SUBTOTALS** This Period This Page (optional) ▶

15662.32

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 65 OF 65

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Wells for Security

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Public Opinion Strategies

Nature of Debt (Purpose):

Polling

Mailing Address 214 North Fayette Street

City State

Zip Code

Alexandria

VA

22314

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-1215

Amount Incurred This Period

6200.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6200.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)

6200.00

2) **TOTALS** This Period (last page this line number only)

73508.87

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

325000.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

398508.87